

COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

1570 Grant Street, Denver, CO 80203-1818 ● (303) 866-2993 ● (303) 866-4411 Fax ● (303) 866-3883 TTY Bill Ritter, Jr., Governor ● Joan Henneberry, Executive Director

Legislative Update, Week of March 26, 2010

House Bill 1043, Concerning Outdated References to the Federal Aid to Families with Dependent Children, sponsored by Representative Apuan and Senator Sandoval, passed on both second and third reading and now goes to Leadership for signature. Currently, our statute requires us to use a more restrictive practice of calculating income when determining eligibility for Family Medicaid than the Social Security Act allows for. The Department is seeking to realign the State Plan and the Colorado Revised Statutes to mirror existing operations of the Family Medicaid program, which is to disregard \$90 per month, per person whose earned income is used to determine program eligibility. This bill is on HCPF's legislative agenda.

On Thursday of this week, HB10-1330, All Payer Claims Database, was heard before Senate Health and Human Services. The Department bill is aimed at bringing down health care costs and improving the value of the care received by all Coloradans by implementing an all-payer claims database to provide consistent, transparent, and comprehensive data that captures the utilization and cost of health care services for the benefit of all stakeholders. Uses for an APCD include answering a wide variety of research, policy and stakeholder questions about health and health care by: determining utilization patterns and rates; assisting physicians in evaluating their performance relative to peers; and measuring performance relative to established guidelines accepted by key stakeholders. The bill passed out of committee and was sent to Appropriations.

Also on Thursday, Senate Bill 117, Medicaid Coverage for Over-the-Counter Medications, sponsored by Senator Foster and Representative Primavera, was heard before the House Health and Human Services Committee. The bill adds over-the-counter medications identified through the drug utilization review process to services provided under Medicaid when the medications are prescribed by a licensed practitioner or a qualified licensed pharmacist. The medical services board is required to adopt rules to allow pharmacies to be reimbursed for dispensing the specified medications to Medicaid recipients and to identify the standards for qualified pharmacists. Licensed pharmacists are required to consult with the recipient and, when appropriate, refer the recipient to appropriate health care professionals.

On Friday of this week, House Bill 1004, Concerning the Standardization of Health Insurance Information Provided to Consumers, sponsored by Representative Massey and Senator Foster, was heard on third reading and final passage. The bill requires the commissioner of insurance (commissioner) to adopt rules establishing standard formats for policy forms and explanation of benefit forms provided by health insurance carriers to consumers. The bill obligates the commissioner to seek input from the health insurance industry, consumers, and other stakeholders prior to adopting the rules. The bill requires carriers to comply with the standard format requirements starting July 1, 2011.

If you have any questions about any of the information contained in this report, please contact Ginny Brown and 303-815-0652 or Nicole Storm at 303-748-5310